

SJV New Parishioner Registration Form

Family Information

Male Head of Household (If Applicable):

Name:

First

Middle

Last

Birth Date (Month/Day Year): ____/____/____

Religion: _____

Race: _____

Street Address: _____

Phone Number: _____

Email Address: _____

Employment & Occupation: _____

What drew you to St. John Vianney?

Sacraments (Please fill information for all Sacraments received):

Baptism:

Date (M/D/Y)

Parish

City & State

First Holy Communion:

Date (M/D/Y)

Parish

City & State

Confirmation:

Date (M/D/Y)

Parish

City & State

Marital Status

Please Circle: **Single** **Catholic Marriage** **Civil Marriage** **Widowed** **Divorced**

Date _____ **Place of Marriage:** _____

Officiant (Name and Title) _____

Children (Under 18)

Child #1

Name:

First _____ **Middle** _____ **Last** _____

Birth Date (Month/Day Year): ____/____/____

Religion: _____

Race: _____

Sacraments (Please fill information for all Sacraments received):

Baptism:

Date (M/D/Y) _____ **Parish** _____ **City & State** _____

Reconciliation:

Date (M/D/Y) _____ **Parish** _____ **City & State** _____

First Holy Communion:

Date (M/D/Y) _____ **Parish** _____ **City & State** _____

Confirmation:

Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

Child #2

Name:

First

Middle

Last

Birth Date (Month/Day Year): ____/____/____

Religion: _____

Race: _____

Sacraments (Please fill information for all Sacraments received):

Baptism:

Date (M/D/Y)

Parish

City & State

Reconciliation:

Date (M/D/Y)

Parish

City & State

First Holy Communion:

Date (M/D/Y)

Parish

City & State

Confirmation:

Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

Child #3

Name:

First

Middle

Last

Birth Date (Month/Day Year): ____/____/____

Religion: _____

Race: _____

Sacraments (Please fill information for all Sacraments received):

Baptism:

Date (M/D/Y)

Parish

City & State

Reconciliation:

Date (M/D/Y)

Parish

City & State

First Holy Communion:

Date (M/D/Y)

Parish

City & State

Confirmation:

Date (M/D/Y)

Parish

City & State

Name of School:

Grade:

****Please contact office to provide information for additional children****

Office Use Only:

Welcome Packet _____ Envelopes _____ CSA _____ Envelope # _____